

VERIFICATION OF PUBLIC ASSISTANCE

To: (Name & Address)

Date _____

Phone # _____

Fax # _____

Applicant/Participant Name: _____ Social Security # _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____
Project Owner/Management Agent

RETURN THIS FORM TO:

1. Does this person currently receive:

AFDC/TANF ☐ Yes ☐ No Effective Date: _____ Amount: \$ _____

Reason for Termination: _____

Child Support ☐ Yes ☐ No ☐ weekly ☐ bi-weekly ☐ monthly ☐ bi-monthly

Minor(s) Names: _____ Amount \$ _____

2. Is this person a participant in the FIP?

☐ Yes ☐ No Effective Date: _____ Amount: \$ _____

Reason for Termination: _____

3. What do your records show as the current address for the person listed above? _____

4. What do your records show as the number of persons in the household? _____

5. What do your records show as the number of minors in the household? _____

6. Do you have information of any income from other sources for the person(s) listed, or anyone else living at this address?

☐ No ☐ Yes If yes, amount per month \$ _____ from _____
\$ _____ from _____

Signature: _____

Date: _____

Name/title (please print): _____

Telephone #: _____